



Fact Sheet

A Diabetes Report Card for the United States Quality of Care in the 1990s

Millions of diabetes patients may not be receiving optimal care for their disease. Researchers at the Centers for Disease Control and Prevention (CDC) developed a Diabetes Report Card to assess quality of diabetes care in the United States. The Report Card was published in the April 2002 *Annals of Internal Medicine*.

Diabetes Report Card

- 18 percent of diabetes patients aged 18 to 75 years had poor glycemic control (higher than 9.5 percent) and 34 percent had high blood pressure (140/90 and higher). Both are health conditions that if left untreated, can lead to serious and often life-threatening complications for people with diabetes.
- 45 percent of diabetes patients had not received a foot examination during the previous year and 37 percent had not been given a dilated eye examination. Diabetes is a leading cause of nontraumatic lower limb amputations and blindness.
- Health insurance, insulin use, and race were associated with diabetes care. Not having health insurance resulted in a poorer level of care, and uninsured adults reported greater unmet health needs than insured adults. Marked racial and ethnic differences were reported in health insurance coverage and the risk of developing complications.
- Complications are more likely among persons using insulin, but insulin users were more likely to receive preventive care.
- Flu vaccinations and dental examinations are also important indicators of diabetes care and may be added to the Diabetes Quality Improvement Project (DQIP) measures in the future. Only 58 percent of diabetes patients visited a dentist in the past year.

Diabetes Quality Improvement Project

- The Report Card is the first report on quality of diabetes care using a set of standard measures to document levels of diabetes care. The standards were developed by the DQIP (www.NCQA.org) in response to a growing need to deliver high quality diabetes care while keeping costs under control.
- The DQIP 1.0 classifies indicators into three categories: accountability indicators, quality improvement indicators, and indicators under field-testing. The accountability measures include the following:
 - A1C testing and levels
 - Lipid testing and low-density lipoprotein (LDL) level
 - Blood pressure levels
 - Nephropathy assessment
 - Eye exam
 - Foot exam
- Data from the Behavioral Risk Factor Surveillance System 1995 (BRFSS) and National Health and Nutrition Examination Survey (NHANES) 1988-1994 will serve as national benchmarks to monitor changes in the quality of diabetes care and compare diabetes care in both public and private health care systems.

Diabetes Facts

- Approximately a million new cases of diabetes are diagnosed each year among people aged 20 years and older. Most (90 percent to 95 percent) are type 2 diabetes, formerly called adult onset. Older age, physical inactivity, obesity, and family history are the main risk factors for type 2 diabetes. Type 1 diabetes, or juvenile diabetes, comprises only about 5 percent to 10 percent of cases and is not associated with lifestyle. Data used in the Diabetes Report Card did not distinguish between type 1 and type 2 diabetes.

To obtain a copy of “A Diabetes Report Card for the United States: Quality of Care in the 1990s” call the CDC press offices: 770-488-5131 or 404-639-3286. To learn more about diabetes visit the CDC web site: <http://www.cdc.gov/diabetes> or call toll free 877-CDC-DIAB (877-232-3422).